

Personal Information

First & Last Name: _____

Email: _____

Phone: _____

Reiki Treatment Positions (Hands-on or Floating)

Please note that our Reiki practice is generally a hands-on healing practice. While there is a protocol of hand positions, practitioners also work intuitively as to hand placement and which hand positions to use. Hands will rest lightly on your body and there is no manipulation of your body. If, at any time, you are uncomfortable, please let your practitioner know and they can switch positions, or use the floating hands method. There is no difference in the benefit experienced by using hands-on versus floating hands over your body.

I understand that Reiki involves a natural method of energy balancing for the purpose of stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions, nor do they prescribe substances, nor interfere with the treatment provided by a licensed medical professional. It is recommended that I see a licensed health care professional for any physical or psychological ailment I have. I understand very clearly that a Reiki session is not a substitute for medical or psychological diagnosis and treatment. I also understand that it is not massage therapy.

Finally, I understand that by providing this informed consent, I am assuming full responsibility for participating in Reiki Treatment Sessions and I hold harmless my chosen Reiki Practitioner and New Moon Energy & Massage Therapy LLC.

Signature: _____

Date: _____

Reiki Intake

Have you ever had Reiki energy work? _____

Do you have any specific area you would like help with? E.g. Physical, Emotional/Mental, Spiritual

Do you have particular areas of concern?

What other treatments are you currently receiving?

Please list any medications you are currently taking?

Is there anything you would like to share/discuss that may influence your session?

Are you sensitive to touch or sound? Y / N

Are you currently taking any medications? Y / N
